



Breaking Bad News

Animation: Breaking Bad News: Sudden Death

Policeman:

I was on duty the night of the accident, so it fell to me to be the one to give the bad news. I've done it many times before, but it's something you never really get used to.

We do get some training – but doing it in role-play sessions is nothing like the real thing.

I always try to work out what to say beforehand, but then you have to play it by ear because you don't know how people will react so I have some key principles that I follow. You give them time to brace themselves – it's called a shot across the bows – then you need to be really clear in what you say and make sure they've understood.

With Rosie's mum – it was hard because she was on her own. Seeing me at the door's a pretty big hint that something awful's happened – and I could see the fear in her eyes. I'm a dad myself and I can't imagine how terrible it would be to hear that your child's been killed. But, it is not about me and what I feel – I have to be there to break the news and give support.

I checked that she was Rosie's mum and asked if I could come in – telling her then that it was very bad news. It just gives people a few seconds to gather themselves – for the sake of their dignity. When I told her that Rosie was dead, I made sure I used the 'd' word - people don't want to believe it and so you have to be really clear. We were taught in training that you can't soften it by using another word for death – you can confuse people. I've noticed on the medical soaps how they often say things like, 'we did everything we could but failed to save her'. They don't always add the fact that she's dead.

Then I wait to see the reaction – Rosie's mum just sobbed and it felt right to put a hand on her shoulder. I can usually sense if people don't want to be touched – but to me it is about compassion. It is tricky, because of being a bloke – my wife who's a midwife would just have hugged her – but there are boundaries we have to respect.

I think I cried, too – and that felt OK. I don't always react like that – but somehow this just got to me. Seeing someone else's pain is hard but you have to stay with it and not try to pretend you can make it better. So another rule for me is to keep quiet and wait.

People usually ask how someone died – they want reassurance they didn't suffer - and they often ask if they said anything. So I had to be prepared and know the details before I went to see Mrs. Brown.

I remember she was desperate to be with Rosie, so I took her to the hospital. I rang ahead so they could get her ready to be seen. Sometimes, if they have facial injuries or burns, it is difficult – but we still find ways to help them to see their child if that's what they want.

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Rosie's Mum:

It was getting quite late, well after 1030, and I was beginning to get worried. Rosie was never late – always back at the time she said... and I was starting to think that something might have happened. By 1130, I was very agitated. Bob, my husband, was away – so I didn't have anyone to share this with. I'd called Rosie and texted, but no answer.

Then, the door bell rang – and I felt my stomach sink. But, as I went to answer the door I thought, 'It's Rosie, she's just forgotten her key'. Looking back now, it was me being hopeful really.

There was a policeman at the door and I knew immediately that something was horribly wrong. He asked me if I was the mother of Rosie Brown and I said, 'Yes'. He asked if he could come in.

He looked very serious and was really nervous – and I wanted to stop him saying what he was going to say, 'cos I knew it was bad news.

He asked me to sit down and also asked if I was alone – the sense of dread welling up inside me just kept getting stronger. Inside a voice was screaming, 'She's had an accident but she'll be alright.' Then, 'Oh please don't let it be bad, please...'

I remember that he cleared his throat then said, 'Mrs Brown, prepare yourself for a shock. I have some really bad news about Rosie.'

I just stared at him – willing him not to say the worst.

Then he did say the worst thing he could say, 'Rosie's been in a car accident – she's been taken to hospital, but I'm afraid she didn't make it. Mrs. Brown, Rosie died on the way to hospital. Her injuries were really severe.'

I could hear the clock ticking then my own voice saying, 'No, No, No – it can't be true, there's been a mistake. Not my Rosie, no..! I must see her – I must be with her!'

He didn't say anything – just came and sat beside me – put his hand on my shoulder and I sobbed. When I looked at him he was crying too. That mattered to me.

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Animation of Breaking Bad News: Anticipated Death

Consultant:

I've been working in oncology for many years and I like to think I've learned a lot about myself and my patients. Recently, I heard about Atul Gawande's approach to giving bad news, which he'd learned from the palliative care specialists he worked with. Like him, I realised when people needed to make a decision I was doing a lot of the talking and trying to offer solutions. I'd just assumed that most people wanted to live - almost at any cost.

Cancer doesn't carry the same death sentence it used to – but people still die from it. Treatments have advanced and we can certainly postpone death from cancer – and for some, get rid of it altogether. So we very rarely have to give people a one-off diagnosis – it's a process as we find out what works and what doesn't.

That's how it was with Kate. She'd had breast cancer and seemed to have recovered, but then it returned. This time, it was more advanced and more aggressive. It had invaded breast and bone tissue so surgery wasn't an option. Initially she had chemotherapy, but - the side effects were making her very ill and it wasn't touching the secondaries. After a few months the cancer had spread to her liver. She knew this but we hadn't talked about the options.

I decided it was time to find out if she wanted to go on with treatment or maybe consider stopping the chemo and working on symptom relief. I didn't know how long she had left but I knew she would die in the near future. She needed to think about how she wanted to spend the limited time that she had left. I needed to explain the whole picture – and be clear that I thought we were running out of options.

I decided to use Atul Gawande's approach to giving bad news. The first step is to start from where a person is, not where you think they might be. So, I began by asking Kate, 'Where do you think you are with your condition?' I could see she saw me asking her as significant.

She became very upset and so I asked her what her worst fears were. Through the tears, she talked – and her list was all about the here and now – quality of life things really – fundamentally she didn't want to suffer. People think they have to carry on – they need permission to stop.

The next step was to ask about her goals, given life was short. I asked her what she wanted to do with the time she had.

At that moment, she hadn't yet made her decision about stopping chemo - as I said, it's a process - but she was facing a hard reality and she needed time to get used to it and talk things through. Most importantly she needed to know we were going to help her get through, whatever her decision.

She cried a lot. I hadn't seen her like this before.

I stayed with her until she seemed calmer. One thing I have learned is to give people time – so I always make sure I make that time for them and play it by ear when to see them again. It might be a few days – if they are in hospital it might be a few hours. With Kate I agreed to see her the next day.

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Kate

After the first time I had cancer, I promised myself I'd never go through chemo again. I'd been so ill with it and spent a lot of time in hospital. Then, five years on and just before my routine mammogram, I found another lump. I was terrified. I had thought I would just accept a new diagnosis and not go through treatment, but, when it came to it, I agreed to the chemo.

After 5 months of treatment things got worse. I was told that the cancer had spread to my liver. But, I still continued what's called 'the fight' and even though I felt very ill and exhausted all the time – I just didn't want to die. I had yet another cycle of chemo - each time being admitted with infections and a very low white count.

Then, one day, at my clinic check-up, the consultant asked me what I understood to be happening with my condition. I was shocked; it seemed to mark a change in the relationship. I told her I wasn't sure I could take much more. She nodded and waited for me to add something. I was silent.

Then she said, 'I think we're running out of options, Kate.'

There was a really long pause before I said, 'Do you mean I won't recover from this?'

She nodded, 'I don't think we can treat this cancer. We can carry on with treatment for as long as you want, but you might want to think about how you want to spend the time you have left.'

I knew the words hospice and palliative care were going to come up. Part of me was resisting and part of me felt some relief.

'Do you want me to go away and let you think about it?' she said, 'Or do you want me to stay and talk you through some options?'

I was crying and said, 'Please stay.'

She took my hand and said, 'I'll help you through this. We won't abandon you, whatever you want to do.' I was still crying.

Then she said, 'What are your fears and your concerns?'

I had a long list. 'Pain, sickness, humiliation, leaving everyone I love.'

'Ok, let's work on those. You have to decide what you want to do but not on your own.'

We talked about the meaning of hospice care. She told me I could continue with active treatment if I wanted but emphasised that chemo didn't seem to be working. She arranged for me to come back the next day and suggested I might want someone with me.

Although it was the worst night of my life, I did feel cared for – she was compassionate